



THE
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on the Pacific Coast.

EDITOR, - - - - - WM. BOERICKE, M. D

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EDITORIAL.

WE hold it to be the duty of every Homœopathic physician to encourage the efforts of the Hahnemann Medical College of San Francisco to teach pure Homœopathy on this Coast. The most feasible method of encouraging this effort is to send to this institution students--intelligent, with good preliminary education, to receive their medical training. It is both unnecessary and unjust to our workers in this cause to send students desiring Homœopathic instruction East, or to one of the old school colleges on this Coast. The results will prove that we are as able to ensure good work as our Eastern and old school colleagues here, and we save our students the expense of a long journey on the one hand and the deleterious influences of a one sided, exclusive, dogmatic medical training on the other--a training whose every phase is characterized by faithlessness in the efficiency of drugs chosen according to the Homeopathic law of cure --the only method that is in harmony with physiology and all scientific researches.

The policy of the college is one that ought to appeal to every Homœopath throughout the land; and certainly gain for it the respect at least of all medical men of any school. It is to teach the principles of Homœopathy as a science and to illustrate practically their application to the various branches of medicine. It is the desire of the Faculty and Directors of the Hahnemann College to abide by the literal interpretation of their announcement and our ready acceptance of the programme of the Inter-collegiate Committee of the American Institute shows our position in aiming at and maintaining a high standard of medical education, and thereby achieve the only desirable results. We do not care for great numbers, and certainly do not want any unless they come to us in freedom and with the earnest desire to learn true Homœopathy from a Homœopathic institution. Have we not a right therefore, to expect the sympathy and co-operation of every Homœopathic physician on this Coast?

At the late meeting of the American Institute of Homœopathy, held at Dear Park, Md., June, 1884, Dr. I. T. Talbot, Chairman of the Inter-collegiate Committee, submitted the following report:

To the Homœopathic Physicians of the United States.

By vote of the Inter-collegiate Committee of the American Institute, it has been decided that after the session of 1884-5, all colleges represented on that committee and therefore in the Institute, shall require an entrance examination previous to matriculation. This examination shall include:

1. Creditable Certificate of good moral character.
2. A diploma, certificate or other proof of graduation from a college, academy or high school, or a State or county teacher's certificate, or lacking this,
3. A thorough examination in the branches of a good English education, including elementary mathematics, English composition and elementary physics or natural philosophy.

Thus while a liberal education forms the best basis for professional study, it will be seen that all the reputable Homœopathic colleges in the United States unite in requiring that there shall be no serious disqualifications allowed to those entering upon the study of medicine, and they desire earnestly to impress upon preceptors before receiving students to see that they have the proper moral and literary qualifications. It is often the case that a year or more spent in an academy or high school may be necessary to meet the minimum requirements to enter upon the study of medicine—a profession which should aim to secure in its ranks the highest standard of moral and mental attainments. If by this step an occasional student should be diverted from an already crowded profession, or delayed in entering it by a more thorough preparation, the whole profession would be elevated and improved thereby.

The colleges ask the assistance and co-operation of every physician in the rigid enforcement of this resolution.

On motion the report was adopted and the Secretary instructed to furnish a copy of same to the medical journals for publications.

ORIGINAL ARTICLES.

A FEW REMARKS ON THE DIAGNOSIS OF INCIPIENT PHTHISIS.

By C. B. CURRIER, M.D.

The diagnosis and treatment of Phthisis is a subject which has engaged the best minds in the profession since medicine first existed among the sciences, and one might hesitate to offer for further consideration a subject upon which so much able and exhaustive comment has already been made, were it not for the fact that there always remains something yet to be discussed and learned in regard to all great questions however well the ground may have been gone over, and while there still remains no one disease so generally diffused among

all nations, ranks and ages so universally dreaded, or so intractable to curative treatment as Tuberculosis in its various phases, its nature and relations, must still command our most careful consideration. Until within comparatively recent times examination into abnormal conditions of the thoracic organs was confined to auscultation and percussion, and to anatomical research, and as manifold as were the anatomical results obtained from the dead subject, so were the views respecting the nature and origin of phthisis, and even to this day the pathology of the disease still baffles us and remains an unsettled problem, the ultimate solution of which may be, and probably is, still far distant.

The medical profession has much for which to be grateful in the introduction of the laryngoscope, for by it new light has been thrown upon pathological diagnosis in regard to the respiratory tract, and mathematical certainty has been given to many conditions in which mere physical exploration might leave us groping in the dark. But nowhere has the laryngeal mirror proven to be of more practical value than in discovering to us some few phenomena relating to the diagnosis of Incipient Phthisis in its earliest development, before little if any structural change has taken place in lung tissue. These facts if fully recognized and appreciated by the general practitioner will give valuable aid to an early diagnosis in this most insidious disease, which slays its thousands every year in spite of the best directed efforts of medical science to stay its progress after it has become established. The consumptive patient is proverbially hopeful, seldom seeking medical advice until his symptoms have assumed a formidable character, and nature's early admonitions of impending danger are not always intelligently regarded either by the patient, his friends, or by the family physician whose every energy is too closely engaged in warfare against actually existing disease to be always able to anticipate its insidious approach.

Every physician knows how often laryngeal phthisis is found in connection with pulmonary phthisis, and it is no less true that in very many cases manifestations of the disease may be detected in the larynx long before they are re-

cognized in the lungs, and in almost all cases the condition of the mucous membrane investing the larynx may be considered as an index to the condition of the mucous membrane lining the lungs. But there are also certain characteristic changes to be found in the color and shape of the larynx in the earlier and premonitory stages of phthisis, which are of supreme importance in the detection of the condition. The first of which may be described as a peculiar ashy-grey color of the entire mucous membrane investing the pharynx and larynx, differing completely from ordinary anæmic paleness, and which although not easy to describe, when once seen is not likely to be mistaken for any other condition and may be considered as one of the earliest danger signals where a tendency to phthisis may be reasonably suspected. While an anæmic condition of the laryngeal mucous membrane may be consequent upon general anæmia, excluding all ordinary causes the fact may be always regarded as most suspicious, even when auscultation and percussion may give no evidence of disease in the lung. Further to this preternatural alteration in the color of the membrane, progression in the disease may next be manifested in the laryngeal mirror by a peculiar roughness and swelling in the vicinity of the arytenoid cartilages and the epiglottis. This roughness may so increase as to sprout up into a pyriform growth resembling a papilloma, which it would be a fatal mistake to remove by operative procedure, since if in such case there should be a phthisical dyscrasia, ulceration would inevitably ensue and the patient be thrown into an advanced stage of phthisis.

When the epiglottis is affected its cornicula becomes swollen and deformed, or so contracted by ulcerative process that it can no longer fulfill its office of protection to the larynx, and, in an advanced stage in this condition, the act of deglutition is made so difficult and painful that the poor sufferer often actually shrinks from eating or drinking.

The above described conditions have been declared by competent authority to sustain a certain relation to phthisis pulmonalis, inasmuch as in cases where we find only the pyriform swelling on the arytenoid cartilages we may assume that there has been as yet no destruction of lung tissue, and

where such destruction has already begun in the lung, we will find that the mobility of the epiglottis is more or less impaired by the swelling or infiltration of its tissues.

Disease in the lung almost invariably begins in the same side as the affection that may already exist in the larynx, and *vice versa*. While cases may be found where evidence of phthisis may exist in the larynx when con-comitant signs of disease in the lungs are absent or doubtful. On the other hand, if the degenerative process in the larynx be once begun and left unchallenged it will do fateful execution, independent of pulmonary complication, and in a patient who has a family history of phthisis, ordinary recurrent sore-throat, may be considered to be a very suspicious ailment, not to be lightly considered or neglected, as it is liable to degenerate into serious conditions. Hoarseness is one of the earliest and most persistent symptoms of incipient phthisis and is the primary indication that should arrest the attention and point to the necessity of curative interference. It is sometimes noticeable long before any chest symptoms have become manifest, as the disease advances, cough becomes a prominent symptom, and while the real nature of the morbid process is often disguised by recurrent colds and catarrhal conditions, the gravity of the situation if unsuspected and unrecognized will all too soon become fatally apparent. The experience of every physician in large practice teaches him how often phthisis is present before the patient or his friends recognize its indications; and also how little importance may be attached to the patient's assertion that he is in fairly good health, even at the time when he is being questioned in regard to unfavorable indications to which he confesses. The importance of laboring to check the advance of phthisis, and to lessen the number of its victims, has never been more apparent in all the world's history than now, when there is a growing recognition of the necessity of proper attention being given to the preservation of health, and to the avoidable causes of disease, and although we may never hope to eradicate the disease from the human family until it has become a matter of individual effort and self-denial on the part of those who have an inheritance in the fatal dyscrasia,

still, much may be done towards lessening the mortality among those in whom the evidence of the disease has been certainly detected, and much more may be effected for the benefit of those who exhibit merely a constitutional or inherited tendency, by the intelligent use of preventive as well as curative measures.

In its earlier stages, as exhibited in the foregoing remarks, there is no question but that incipient phthisis is a curable disease—always provided the treatment be prompt, thorough and intelligent—favorable surroundings, of course, being conceded, in an abundance of pure air, sunshine, nourishing food, with freedom from all the causes which tend to the lowering of vitality. It is perhaps needless to say that an early diagnosis in this most insidious disease, makes the prognosis much more hopeful, or that it requires more than ordinary diagnostic skill to interpret the value of indications which sometimes occur in the earlier stages of phthisis.

Much benefit, and often permanent cure results from remedies selected in specific relation to the local, as well as to the general condition of the patient, and considerable value should be attached to inhalations to the properly selected homœopathic remedy, as being among the most important of curative measures, together with daily inunctions of the best olive oil over the whole surface of the body. The character of the inhalation must of course depend upon the individual necessities of the case, the proper time for such treatment being one hour before each meal, and the number of inhalations may be from 60 to 150 a day, each inhalation being as long in duration as possible Argent. Nitric given internally, 6x, and also used as an inhalation, 1 gr. to the oz. of distilled water, is a highly beneficial agent in all stages of phthisis which involve the larynx. It serves to reduce the inflammation in the incipient stage, and later the stronger solutions of this salt reduce the morbid swelling and growths in the mucous membrane.

Arsenicum 3x.—There is hardly any stage of phthisis where this remedy is not a most efficient agent, it stimulates nutrition, while inhalations of from 1 to 4 drops to an oz. of water are valuable in cases where the mucous membrane of

the larynx shows the paler gray-ashy color to which we have alluded.

Mercurius Iodide after *Arsenicum* is one of our grand remedies when the larynx exhibits evidences of phthisis, and it has a special value in subjects of a scrofulous and syphilitic diathesis, and all forms of laryngeal phthisis come within the range of its action.

For local application by atomization; 3 grs. of Iodide of Potassium to an oz. of distilled water, often lessens the laryngeal swelling and tends to heal ulceration. It is of great service in persons of strumous habit.

Phosphorus allays the sensation that produces the tickling and hacking cough, which is a special indication for its use.

Cal. Carb., *Carbo Veg.*, *Bry.*, *Puls.* and *Nux Vom.* are all excellent remedies when the digestive functions are impaired.

The matter of first importance relating to incipient phthisis is to be able to make an early discovery of its indications, and if it be recognized in due season, the Hahnemannian law of cure affords a wealth of resource to arrest any particular functional derangement that may have induced the morbid conditions which invariably obtain in incipient phthisis.

PELVIC ABSCESS.

By DR. HART, DENVER, CO.

This condition has received as many names as there are authorities in the practice of Gynæcology.

I shall simply stick to the old one, as being the more comprehensive. It generally follows child-birth or an injury, but this rule is not arbitrary as my second illustrative case will show, the "causa morbi" of which we could not find out, and for practical reasons we explain as the old Professors do, by saying, "it was caused by a disturbance of

the vital forces." The more frequent causes of Pelvic Abscess are Pelvic Cellulitis, and Pelvic Peritonitis.

Authorities again split hairs upon these conditions, but the best of them generally admit it hard to determine the exact dividing line, and which is true, the double event in many cases. The symptoms of these abscesses are such as generally accompany an accumulation of pus. Most prominent are the chills, night sweats, and flexion of the limbs, pain and less often fluctuating tumors. These are uncertain, and especially so as to locality. I have opened them in the umbilical region and in the upper third on the internal surface of the thigh; the pus in the last case having gravitated down the sheath of the femoral vessels.

Some Gynecologist (I think Tait, of London) has a rule applying to the diagnosis of ovarian tumors, which so excellently applies to all cases requiring an operation in the abdominal region that I will quote it. "There are so many conditions which mimic them, and so few facts in connection with them, upon which implicit reliance can be placed, that the only safety is to be found in the process of reasoning by exclusion, that is, for a proper diagnosis, first of all, to make a mental list of all the conditions that it might be, and exclude them one after another until no alternative is left" Any one who follows a converse plan, will be led into some fatal blunder.

Mrs. G., wife of a Govt. Surveyor, requested an examination in 1881; had been ill some months; had chills, fever and *quinine*, during which time a premature birth at six months had occurred, as the result of an abdominal injury; her age, twenty-eight, complexion fair, weight about 140, medium height; family history good. Dr. Smythe and myself examined the lady. She had been treated by an old school Gynecologist, after one of his colleagues had delivered her, leaving a portion of the placenta in Utero. His treatment for three months had been for enlargement of the spleen and liver. We removed a lead plaster from the abdomen, and from the condition (left leg flexed, left iliac region tumefied, pain, fluctuation, etc.) diagnosed a Pelvic Abscess. Drs. Everett, Smythe and myself, using the largest sized aspirator

and trocar, removed six ounces of very thick pus from the abdomen. The few next days the lady improved, but sank on the fifth rapidly. Remedies did not improve the condition. A vaginal examination on this day, by Dr. Smythe and myself, detected pus issuing through the vaginal walls near the neck of the womb. We punctured with a long trocar but obtained very little pus, and from the fact that the lowest point of fluctuation now was external, and we thought external to the Peritoneum, we opened freely in the neighborhood of the anterior superior spinous process of the ilium, and finding after carefully cutting to the peritoneum, it was in the cavity, opened the same and evacuated forty-two ounces of decomposing pus; we trusting to the absorbing functions of the peritoneum, closed the opening. The patient was very much exhausted, temperature 97, pulse 96, and weak, extremities cold. Our prescription was Carbo. Veg. and Aconite. For four days she made little improvement, after which she gained nicely, and in one month was at work, and has ever since enjoyed good health, and most of the time operated a sewing machine. I cite this case and also the following, in which we used no disinfectants by injecting washes, or otherwise, and in which the pus was of long standing, but nevertheless done as well as any case like it possibly could.

I believe (and my belief is based on considerable experience) that much damage is produced by too much interference with nature's process, after an operation.

In August, 1880, Dr. D. of Chicago, himself a graduate of Hahnemann College, called us to see his wife, she had been an invalid for several years; strange to relate, had been under old school and Electropathic treatment. We found the lady had been bed-ridden most of the previous year, and had suffered great agony in the left ovarian region, left limb flexed, diffused tumefaction, although married some twelve years, had never been pregnant, the possible reason for which was, her husband had never had connection with her by reason of an existing vaginismus, nor could we make a vaginal examination (although we tried) for the same reason. Palpitation over the left abdominal region discovered un-

mistakable signs of pus; age forty, dark complexion, tall, greatly emaciated. We requested Dr. D. to obtain counsel and assistance from our school, and with the assent of both himself and wife, proposed to open the abscess the next day, which was done, the swelling, throbbing, and pain had been constant for over a year. The matter was not weighed, but was considerable in quantity, thick, bloody, and odorous. Her condition was so low, physically, we should not have operated had it not been a dernier resort. It should have been done months before, and as she had employed a physician of the first rank, I cannot conceive why this had not been done. Neither Dr. Wheeler, Smythe or myself found anything abnormal in the vaginal examination, while the patient was under the influence of chloroform. After the opening had discharged what it would at the time, we placed in the abdomen a drainage tube, which discharged freely several ounces a day at first, gradually dressing for three weeks. She was placed upon Silicia 2nd cent. In three months she removed to Leadville, gaining all the time in every way. In one year's time she commenced to do her own housework; in two year's time the discharge ceased, her weight was 187 pounds, and health in every way good.

The next case I should not mention, only as regards the location. The lady, aged twenty-two, the mother of two children, aged respectively four and two years, had not seen a well day since the birth of the last child; family history good, medium height, dark complexion, very badly emaciated, no appetite, bowels constipated, urine scanty, containing trace of pus, pulse 85 and weak, temperature $96\frac{1}{2}$; had taken quinine mixtures for year past, with application of liniments, etc. Some weeks after child-birth, not having been able to leave her room (the birth was natural) she was taken with chills, fever and sweat, followed by pain in the left lower abdominal region, which in a few days was swollen. Applications from this time on relieved for the time being the different pains, and the hypodermic injections of morphia, her agony. The swelling at last disappeared to re-appear slightly upon the thigh. At this state she came under my care. Signs of phlebitis were present but I carefully

cut down (although the abscess did not point) between the sartorius and adductor longus. She was a woman of good weight naturally, and I was fearful of what the consequences might be in this case, but was successful enough to meet my patient on the streets in three months. The lady was Mrs. John Morey, of Lawrence, date, August 1876, was assisted by Dr. Henderson.

THE THERAPEUTICS OF INTERMITTENT FEVER, BY
H. C. ALLEN, M.D.

By A. McNEIL, M. D.

Prof. H. C. Allen, of Michigan University, has again made the profession and community his debtors, by issuing a second edition of his work, "Intermittent Fever." This edition is entirely rewritten, new remedies added, and the old ones much better elucidated, added to and made thorough and complete by the addition of the Repertory, which very much facilitates the study of cases and epidemics. We must compliment its publisher, Dr. F. E. Boericke, of Philadelphia, on the manner in which he has done his work, in printing and binding, the work being printed in full-faced italics and ordinary type, accordingly as the symptoms are more or less characteristic. The book is an octavo of 342 pages including the Repertory. The different kinds of type is a very great advantage in study, that is apparent at first sight.

A short introduction takes up the popular theory that the causes of this and other fevers is malaria, which is caused by the presence of heat, moisture and decaying vegetable matter. I might enlarge on the fallacy of this theory, but will only mention two out of the hundreds that may be adduced. The valley of the Amazon, under the equator, submerged periodically with a very heavy atmosphere, and luxuriantly fertile, has but few mild cases of intermittents and remittents, while Madrid, cool, arid, and barren, is characterized by the prevalence and malignity of these fevers. The author shows the indispensable necessity of a careful examination of the patient and then prescribing on the

totality of the symptoms. No generalizing can succeed, only the most careful individualizing enables the physician to select *the* remedy. But he also shows the advantage of watching carefully the genus *epidemicus*, and selecting the remedy not only for the individual patient but for the community. Hahnemann had observed this, and prescribed the mode for making profitable use of it. In my humble opinion more homœopathic physicians have been deterred from the homœopathic treatment of this disease, which is so commonly treated allopathically, by not being impressed with the fact that we are not confined to the symptoms of one patient in selecting the remedy, but the symptoms of many should be aggregated and *the* remedy found for all or nearly all. The selection of *the* remedy is carefully elucidated so as to be easily understood and imitated. The plan of the work is very similar to that well known and generally approved work, Bell and Laird on *Diarrhœa*, but as it is very difficult to describe, I will select an example of one, the remedies to which but little space is allotted, although I would have preferred one of the more important ones as showing more clearly the scope of the work, as the latter also have tabular comparisons with like acting remedies:

Baptisia Tinctoria.

CHARACTERISTIC.—LYMPHATIC TEMPERAMENT.

DYSENTERY OF OLD PEOPLE : DIARRHœA OF CHILDREN, ESPECIALLY WHEN VERY OFFENSIVE.

GREAT PROSTRATION, WITH DISPOSITION TO DECOMPOSITION OF FLUIDS.

ULCERATION OF MUCOUS MEMBRANES, EXHALATIONS AND DISCHARGES OFFENSIVE, Fœtid, (PSOR.) BREATH, STOOLS, URINE, SWEAT.

STUPOR, FALLS ASLEEP WHILE BEING SPOKEN TO IN THE MIDST OF HIS ANSWER, (WHEN SPOKEN TO ANSWERS CORRECTLY, BUT DELIRIUM AT ONCE RETURNS, ARN.)

CANNOT GO TO SLEEP BECAUSE SHE CANNOT GET HERSELF TOGETHER, FEELS SCATTERED ABOUT, AND TOSSES ABOUT TO GET THE PIECES TOGETHER; THOUGHT SHE WAS THREE PERSONS AND COULD NOT KEEP THEM COVERED.

FACE: FLUSHED, DUSKY, DARK RED, WITH A STUPID BESOTTED EXPRESSION.

CAN SWALLOW LIQUIDS ONLY; THE LEAST SOLID FOOD GAGS, (CAN SWALLOW LIQUIDS ONLY BUT HAS AVersion TO THEM, SEL.)

IN WHATEVER POSITION THE PATIENT LIES THE PARTS RESTED UPON FEEL SORE AND BRUISED, (ARN).

TYPE.—Quotidian; double quotidian; intermittent or remittent; during epidemic typhoid; hot weather in autumn; prone to become typhoid.

TIME.—Every A. M. at 11; *chill, fever and sweat every afternoon.*

PRODROME.—Great languor; wants to lie down; general malaise; feels weak, tremorous, as after severe illness; sore; bruised.

CHILL.—*Chilly all day; whole body feels sore; bruised, (ARN).* Chills up and down the back, (GELS); over the back and limbs; over the back while sitting by the fire; on going into the open air; with severe aching in muscles of whole body.

HEAT.—Whole surface hot and dry, with occasional chills, mostly up and down the back, (ARS.); flashes of heat from small of back in all directions, (GELS); over the face; over the whole body; at 3 A. M., with feeling as if sweat would break out; uncomfortable burning all over surface as if sweat would break out; had to move to a cool part of the bed; heat at night; burning in legs preventing sleep; limbs hot but feel cold.

SWEAT.—Fetid, frequent but not profuse perspiration.

TONGUE.—White, with red edges; brown streak down centre; taste flat or bitter; cannot digest food.

APYREXIA.—Indescribable sick feeling all over; generally weak, restless, uneasy; can confine himself to nothing; wants to be continually moving from place to place.

Having shown how the first part of the work is written, let us turn to the repertory.

Commencement of Chill.

Chill begins in:

Abdomen: APIS, Cur., Ign., Verat.

“ and extends to fingers and toes: Calad.

Ankles, between knees and: Cinch., Lach., Puls.

Arms: *BELL.*, *Dig.*, *Hell.*, *Ign.*, *Mez.*, *Plat.*

“ both, in: *BELL.*, *Dig.*, *Hell.*, *Mez.*

“ “ at once, in, thence over the body: *BELL.*

“ upper arms and spreads to chest and back: *IGN.*

“ “ and thighs: *Psor.*,

Arm, right: *Mercurialis*.

“ “ and right side of chest: *MERCURIALIS*.

“ left: *Nux. m.*

“ “ and lower limbs: *NUX. M.*

“ “ hand: *Carbo. v.*

“ on which he lies: *Carbo. v.*

Back, beginning in: *Arg. m.*, *Bap.*, *Bor.*, *Cac.*, *Canth.*, *CAPS.*,

Ced., *Dulc.*, *EUP. PERF.*, *EUP. PURP.*, *Gamb.*, *Gels.*,

Kali. iod., *LACH.*, *Led.*, *Lyc.*, *Natr. m.*, *POLYP.*, *Sars.*,

Lip., *Spong.*

“ beginning in, or running up the: *CANTH.*

“ “ “ passing up and down, thence over body:
Eup. Purp.

“ beginning in, dorsal region: *EUP. PERF.*, *Gels.*, *LACH.*,
Nat. m.

“ beginning in, interscapular region: *CAPS.*, *Led.*,
POLYP., *Sarr.*, *Lep.*

“ beginning in lumbar region: *EUP.*, *PURP.*, *LACH.*,
NATR. M.

“ spreads from the: *Eup. Perf.*

Body, left side: *Carb. v.*, *Caust.*

Chest: *Apis.*, *Ars.*, *Carb.*, *Cic.*, *Cina.*, *Mercurialis*, *Nux. v.*

Lep.

“ and extends down the legs and into the arms: *Cic.*

“ front of, in: *APIS.*

But it is only by a careful study that its merits can be fully appreciated. It may be objected that a practicing physician cannot afford to pay so much attention to one drug, particularly if he does not practice in a malarious region. Nearly everything in the work is available in other fevers, and in general diseases as well.

I put my copy on a low shelf with “Hering on the Mind,” and on “Typhoid,” Bell and Laird on “Diarrhœa,” “Egert’s Discharges,” and it is not overshadowed either.

THE SECRET OF MATTEI'S ELECTRO-HOMOEOPATHY REVEALED.

By E. W. BERRIDGE, M.D.

For some years the curiosity of the public has been excited by a new system of therapeutics founded by Count Mattei, and named by him "Electro-Homœopathy." This system probably would have attracted but little attention, and, like the now worn-out systems of Thomsonianism, Schuesslerism, etc., would have died a natural death from inanition, had not the founder not only appropriated the name of Homœopathy with a distinctive but very unmeaning prefix, but actually claimed that his system was an improvement on Homœopathy—"the continuation and the crowning-point of the medical science constituted by HAHNEMANN" ("The Principles of Electro-Homœopathy," p. 35.)

Every scientific physician who has read Mattei's own exposition of his system must have seen the fallacies upon which it is based. His claim that it develops and supersedes that of HAHNEMANN is founded upon an imperfect and erroneous idea of what the latter really taught; while the utterly false pathology which underlies it clearly proves to every rational mind that the superstructure must prove false also.

Of course I shall be met with the argument that Matteism has repeatedly proved successful in practice, and that therefore the pathological theories upon which it is based must be reliable. At some future time I may examine his theories in detail, at present I will only observe that such an argument proves nothing, because cures have been effected by physicians of all schools of medicine. The simple truth is this, that *whenever a physician accomplishes a really good cure, it is because he has given a more or less homœopathic remedy.* These remedies therefore will cure when homœopathic to the case, and will fail when they are not; hence the discrepancies in the results obtained by those who administer them only according to the very imperfect and uncertain rules of the system of Electro-Homœopathy.

Being satisfied from reports that reached me that these were powerful remedies, though at present given empirically, I instituted a series of investigations in order to discover their true nature, that they might be rescued from the realm of secrecy, and incorporated, in due method, into our Homœopathic *Materia Medica*. This I have now succeeded in doing with regard to almost all, and take the earliest opportunity of laying the results before my colleagues, asking them to make this unveiling as public as possible by copying it into all the other medical journals, and to institute provings of the remedies themselves. I am not at liberty to divulge the various sources from which I obtained my information; suffice it to say that the authorities all professed to have derived the secret from Mattei himself, and that their accounts are in perfect harmony, though some contain more facts than others.

The following are the names of the medicines extracted from the *Monitor*, "the only publication in Italy recognized by the inventor." Where I have added a (?) it signifies that the name of the medicine is as yet unknown to me.

Antiscrofuloso 1.—*Betonica aquatica*.

Antiscrofuloso 2 or new.—*Brassica oleraca*.

Antiscrofuloso 3 or double.—Mixture of *Scrofuloso* and *Canceroso*.

Antiscrofuloso 5.—Mixture of *Scrofuloso*, *Canceroso*, and *Febrifugo*.

Antiscrofuloso 6.—Mixture of *Scrofuloso*, *Canceroso* and *Angiotico*.

Anticanceroso 1.—*Sedum acre*.

Anticanceroso 2 or new.—*Sempervivum tectorum*.

Anticanceroso double.—*Sedum telephium*.

Anticanceroso 4.—*Matricaria* (wild German chamomile),

Anticanceroso 5.—*Sisymbrium nasturtium*.

Anticanceroso 6.—(?).

Anticanceroso 10 is composed of ten different anticancerous remedies.

T. Anticanceroso B.—(?).

Antiangiotico 1.—*Thlapsi bursa pastoris*.

Antiangiotico 2.—*Chenopodium centinodia*.

Antiangiotico 3.—Mixture of *angiotico* 1 and 2.

Antivenereo 1.—*Persicaria urens* (*Polygonum hydropiper*).

*Antifebrifugo 1.—*Verbena officinalis*.

Antifebrifugo 2 or new.—*Erysimum officinale*.

Antivermifugo 1.—*Gentiana lutea*.

Antivermifugo new.—*Gentiana (grande de Chamounix)*.

Antipettorale 1.—*Galeopsis grandiflora* (a small white flower of the Alps).

Antipettorale 2.—Mixture of *Pettorale* and *Canceroso*.

Antipettorale 3.—Mixture of *Pettorale*, *Canceroso*, and *Angiotico*.

Antipettorale 4.—Mixture of *Pettorale*, *Canceroso*, *Angiotico*, and *Scrofuloso*.

Antilymphatico.—Mixture of all Mattei's remedies.

In addition to these remedies, Electro-Homœopathy supplies us five forms of electricity (!!!), the red, blue, green, white, and yellow. These are simply distillations of some of the above plants growing about Chamounix, as follows:

Red electricity.—*Betonica aquatica*.

Blue " *Thlaxpi bursa pastoris*.

Green " *Sedum acre*.

White " *Galeopsis grandiflora*.

Yellow " *Gentiana lutea*.

Thus far for the names of the medicines. As a further mystery has been made about the mode of their preparation, I may state that this additional secret simply consists, as I am informed, in gathering them at times when they possess their most powerful medicinal properties, and some under peculiar phases of the moon. The precise details will be probably found in the old herbals (such as Culpepper), from which I understand Mattei obtained his information.

As external confirmations of the above accounts the following facts are interesting:

(1.) A very observant colleague, who, I am sorry to say, has allowed himself to be entangled in Matteism, tells me that he has found Mattei's *Antiangiotico* 1 act the same as *Bursa pastoris*.

* Only a grossly illiterate person would coin such senseless designations as these.—Ed. H. W.

(2.) Another colleague informs me that he has found *Polygonum hydropiper* possessed of decided antisyphilitic properties.

(3.) In the *American Journal of Homœopathic Mat. Med.* vol. ii (old series), pp. 239-40, some cases of cancer are given cured by *Sempervivum tectorum*.

(The above facts prove that these remedies possess curative powers, even when not prepared according to Mattei's secret formula!!!)

(4.) The curative properties ascribed to the various "Electricities" in Mattei's *Vade Mecum*, just published, agree remarkably with those he ascribes to the five plants from which they are derived.

Those who have been accustomed to pay high prices for a very few of Mattei's globules, may be interested to know that potencies of the medicines whose botanical names are given above, can be obtained, *at the usual cost of Homœopathic potencies*, from Messrs. A. Heath & Co., 114 Ebury street, London, S.W.

48 Sussex Gardens, Hyde Park, W. London.

CLINICAL ITEMS.

Mitchella is useful when the urine is scanty and sediment profuse; urine is dark colored but sediment thrown down is whitish; neck of bladder irritable and sometimes it and urethral œdematosus making urination urgent, tedious or impossible; mucous membrane of bladder involved, causing dull pain and uneasiness, especially in women with uterine disorders. Dr. King recommends it in sore nipples, the fluid extract being mixed with vaseline.—*Dr. Winterburn.*

Dr. D. H. Roberts arrives at the following conclusions in relation to Diphtheria: First, malignant diphtheria is infectious. Second, that the removal of the membrane by caustics or otherwise is extremely injurious. Third, that

cleanliness of the skin and pure air are more important than disinfectants, the latter being injurious whenever they irritate; as do the fumes of Sulphur, Chloride of Lime, etc. Fourth, that in regard to remedies, the homœopathically indicated remedy is probably the best. Yet as we may not be able to learn all the symptoms in a case, clinical experience should by no means be ignored. In his hands the mercurial preparations have given unmistakable evidence of curative effects; so also have apis and phytolacca. Fifth, that the paralysis which is probably never entirely absent requires careful consideration in all cases of diphtheria, those that die of this disease being usually carried off by the paralysis of important organs. In regard to the bacteric theory he does not regard its truth as established, and even if so, the similimum would be the remedy.—*Journal of Obstetrics.*

Hyoscyamus has chills from small of back up to nape.

Fucus Vesiculosus, according to Dr. Foster, (*Med. Era, July*) is a valuable remedy in *Goitre*. He tried it in several cases, and in every one the goitre disappeared within a year. Dose 20 drops before each meal.

Crotalus, hor., cured Cerebro Spinal Meningitis. The symptoms guiding to its selection were the red tongue, great thirst, nausea, epistaxis, very offensive, black, bloody stool, dilated pupils and general appearance and condition of patient.—*Dr. Donald.*

Cina cures in children the following symptoms: High fever, paleness about mouth and nose, gritting of teeth in sleep, muscular twitchings in arms and legs, milky urine—an important symptom—slight rheumatic pain in lower extremities and pain here and there in the joints has been verified. Another symptom is constant swallowing, as if child were sucking candy.

Tartar Emetic.—Pneumonia, when child wants to be carried upright in the arms. Cholera-morbus with great effort in vomiting, great chilliness, and great sleepiness. (Tartar emetic, opium and nux mosch have great sleepiness, but

tartar emetic has paleness of face with it.) Intermittent fever, when patient sleeps continually during sweat and heat and is prostrated. The blood is watery and contains a relative preponderance of white corpuscles. Vertigo to falling and faintness in the morning. Spinal anæmia with pain, mostly noticed in the cervical region, but also noticeable in the lumbar region. Patient is cold and suffers from flatulency, as under all the carbons and also from an herpetic, rough, rhagadic skin, eruptions oozing a sticky moisture.—*Dr. Farrington in Hahnemann Monthly.*

Erythroxylon Coca.—Continuous eructation of tasteless gas, with fulness and oppression to the pit of stomach. Nervous erethism. (Drop doses of fluid extract.)

Osmium is suggested by T. F. Allen, as a remedy for glaucoma. Dr. Norton, acting on the recommendation, has given the remedy in chronic cases with relief. He has not yet tried it in acute cases.—*Med. Call.*

Picric Acid is used by Dr. Cooper for nervous deafness; membrana pale; deafness worse when patient becomes tired; tinnitus.

Cantharis and Apis are considered by Dr. Espanet (*Bulletin de la Societe Med.*) the principal remedies in acute gout. Chronic: Sulph. Calc. Merc. and especially Iod. If swelling is painless with anæmia, Mangan: acet.

Cina in Scrofulosis.—I deem it a little remarkable and a fact that disproves many theories of old school origin, that Cina 1000 so often cures scrofulosis in children who are continually boring with the finger in the nose, who are cross and exceedingly unamiable, whose urine turns milky on standing, whom nothing pleases, who are constantly turning and twisting at night with frequent calls for water, and who are often ravenous for food; child wants to be in motion constantly, to be rocked or carried about.—*Dr. H. N. Guernsey.*

Silicea is useful in children with large bellies, weak ankles, much perspiration about head and inclination to uncover.

BENZOIC ACID.

This acid is prepared from the gum benzoin.

General Characteristics.—These are generally found in the urine, which is scanty, of a dark brown color, and the *urinous odor being highly intensified*. In relation to the strong smell of the urine, care must be taken not to fall into error by a strong smell emanating from urine which has been kept covered for a long time, (or over night), or which has remained on sheets which have not been changed recently. The urine must have this characteristic smell when *freshly voided*. The color of the urine is not of so much importance as the smell; for the color may be different.

Nocturnal enuresis, with the above characteristic odor, sheets usually stained brown.

Rheumatism, Quinsy, Dropsy, Diarrhoea, Headache, all when accompanied by this *highly intensified odor of the urine*. Menstrual difficulties, when accompanied by the characteristic smell of the urine.

SIDES.—Most of the symptoms appear on the left side, but may frequently come on the right side.

JOINTS.—Cracking of the joints when moving. (Niccol—Sulph—Ruta.)

REMEDIES FOR BRAIN FAG.

Zinc Phosphide, $\frac{1}{6}$ — $\frac{1}{4}$ gr., doses three times a day, and usually before meals. The indications are sharp, neuralgic pain, a constant sensation of pressure and fullness, a disturbed sleep or absolute sleeplessness, a tendency to tremor together with little emotional disturbance and a good, fair physical appearance of health.

Baptisia, 30—Dull, sluggish mental action, difficult collecting the thoughts, broad, flabby tongue, marked gastric and enteric derangement, and the general appearance as if degeneration might take place.

Silica, 30 *trit.*—Where there is the peculiar neuralgic pains of this remedy, a suspicion of cachexia in the hereditary or actual present.

Calcar. Phos. 30 trit.—Where there is marked tendency to deficient nutrition.

Ferrum. Phos. 30—6x.

Digitalis Leaves 1x trit.

Mono. Brom. Camphor, 1x.

Coffea, 30, etc.

—*Prof. Dela Mater.*

OBSTETRIC GLEANINGS.

Morning Sickness—*Nux.*, *Ipec.*, *Puls.*

Pyrosis—*Nux.*, *Puls.*, *Carb.*, *Arsen.*

Constipation—*Nux.*, *Sulph.*

Haemorrhoids—*Nux.*, *Aescul.*, *Sulph.*, *Hamam.*

Varices—*Hamam.*, *Puls.*

Albuminuria—*ARS.*, *Apis.*, *Merc. Cor.*, *Tereb.*

Dysuria—*CANTH.*, *Bell.*, *Nux.*

Eneuresis—*BELLAD.*, *Caust.*, *Equiset.*

Agalactia—*ASSAFŒT.*, *Puls.*, *Agnus.*

Dr. C. Wesselhœft uses for

Morning Sickness—*Nicotin.*, *Strychnia* and *Antim. tart.*

Albuminuria—*Phosph.*, *Merc. Cor.*, *Kal. ars.*

—*Journal of Obstetrics.*

BERBERIS VULGARIS.

This remedy affects particularly the lumbar region; kidneys; uterus. The patient is sometimes unable to tell the exact locality, but the pain is somewhere in the back, and shoots up the back; or into the spermatic cord, or testes, bladder, buttocks, or legs. The pain may shoot up or down, or both ways. Pains may be felt all over the body, emanating from the region of the back; the pains are of a sticking, pricking, lancinating or jerking character, flying about, now here and now there. There is often a bubbling sensation in the region of the kidneys; this sensation may occur elsewhere, but it is usually found here..

RULES FOR REDUCING DISLOCATIONS OF THE HIP JOINT.

Having flexed the leg on the thigh, and thigh on the pelvis, slowly rotate the limb as far as possible, inward or outward, according as the toes pointed in or out before beginning the manipulation; then rapidly and forcibly rotate the limb in the opposite direction, and the head of the femur will usually slip into the acetabulum.

For example, in the iliac and the sciatic dislocations the toes point inward; therefore rotate inward as far as possible, and afterward rotate outward. In the pubic and thyroid dislocations the toes point outward; hence rotate the limb outward still more, and then inward.—*The Polyclinic.*

PERSONAL NOTES.

DR. S. F. STIMPSON, an old Homœopathic physician of our State, died at Plymouth, Cal., last April. He was a true Homœopath and a man of unusual ability.

PROF. S. LILIENTHAL, of New York, is again in our midst, spending his vacation at his son's in San Rafael. He delivered a most acceptable course of lectures on mental diseases at the Hahnemann College of San Francisco.

NOW AGAIN.—It is about time for the editors of some of our Allopathic journals to have an attack of colic. Another "able" man, United States Minister Lowell, "has been ill and is recovering under the innocent ministrations of a Homœopathist," Dr. R. E. Dudgeon, of London.—*Med. Advance.*

VOTERS ATTENTION!—It may be of interest to know that Gov. Grover Cleveland has vetoed the bill appropriating \$25,000 for the enlargement of the Homœopathic Insane Asylum at Middletown, N. Y.

We understand that PROF. BURDICK, of the New York Homœopathic College, now on a visit to this State, will favor the College with some lectures on his special branch, Obstetrics.

During DR. CURRIER's absence from the city, his chair was ably filled by Dr. Simpson, of San José. All who had the pleasure of hearing him were well pleased and repaid.

The resident physician of the Homœopathic Hospital having resigned the Faculty of the College, recommended to the Directors of the Hospital, MR. TOWNSEND, one of the senior students at the Hahnemann College, as a fit man

to fill the place for the coming year. We hope he will receive the appointment.

We notice from our eastern exchanges that DR. PEASE's address before the California State Homœopathic Medical Society last May has been published and distributed. We would like to know why some members of that Society have not received their copy?

NEW PUBLICATIONS.

The Homœopathic Treatment of Constipation, by H. Bernard, M.D., Translated and Revised from the Second Belgian Edition, with Additions and Clinical Cases from American Sources, by S. M. Strong, M.D. Chatterton. New York and Chicago.

There is nothing more satisfactory in medicine than to see the action of a carefully chosen Homœopathic remedy administered in a high potency permanently curing obstinate cases of constipation that have resisted the heroic treatment of the old school by means of their pills and powders and mineral waters and suppositories and injections. Every Homœopathic Physician has had such experiences and this little volume of Drs. Bernard and Strong will aid greatly to largely increase our success in this direction. The indications for the remedies are clearly defined, and model cures by eminent physicians are given in illustration of their clinical application. We can recommend the volume to all our readers.

Anti-Tobacco.

A little book with this as the leading title is published by Roberts Brothers, of Boston. It contains three papers or lectures upon the subject, and condenses the testimony of many physicians and other observers.

Probably the only way to check the now enormous abuse of tobacco, is to give all possible light upon the effects of it, so they who use it, and their friends may notice those effects as soon as they appear. No doubt many would continue to sin under the clearest light; and still very many would be saved. Notwithstanding the evidence of the streets in every city, it is a surprise to learn that in "England, Germany, Holland, the United States, and France, more money is devoted to this luxury than pays the bread bill;" the expenditure for tobacco in the United States alone amounting to "two hundred and fifty millions of dollars"! On reading this, one involuntarily stops to think how abundantly every wholesome want might be supplied if men cared only for what is wholesome; and how every good work would be sustained if men gave their strength to good works.

The physical and moral evils ascribed in this book to the excessive use of tobacco are many and formidable, and the evidence in regard to them is in general convincing. Among them are "tobacco amaurosis," "smoker's sore throat," "palpitation of the heart, dyspepsia, weakening of the intellect, and a more or less increased desire for strong drink," also cancer of the lips, and

ulceration of the lips and the tongue. Paralysis of the nerves of the eyes, the ears, or the stomach appears to be quite common. Easily observed effects are, "languor, fulness, relaxation of the muscles, trembling of the limbs, great anxiety, and tendency to faint."

The noticeable moral effects are, "indifference or apathy with regard to the comfort of others;" a moral lassitude which makes the smoker careless of evil, and unable to make the effort to improve; and an irritated, nervous condition, with a craving for stimulants and excitement. We believe these statements to be entirely true; and we wish they could be so widely known that wherever such effects appear in consequence of the use of tobacco, they might be instantly recognized and charged to their proper source. If this could be so, and men were wise, probably the consumption of tobacco would be diminished at once more than ninety per cent.

J. W.

Pacific Medical and Surgical Journal and Western Lancet. Editors and Proprietors: **Henry Gibbons, M. D., and W. S. Whitwell, M. D.**

With the July number, the two journals of the old school in this city, hitherto published separately, have been consolidated, and both together present a very attractive and interesting appearance. It was certainly a wise step to take, and we wish the new enterprise every success. As the representative journal of the old school on this coast, we hope every homœopathic physician will subscribe for it. The journal is published monthly at \$2.50 per annum, in advance. Address, W. S. Whitwell, M. D., 425 Sutter Street, San Francisco.

Sleeplessness: its treatment by Homœopathy, and other Accessory Means. By F. G. Stanley Wilde, L.R.C.P., L.R.C.S. Edin. London: The Homœopathic Publishing Company.

We are pleased to see this useful and elegant little volume on the important subject of sleeplessness, wherein the condition thus designated is dealt with in an eminently practical and intelligent way. Few medical men will read it without gaining some practical hint of value from its pages. By medical men we mean those of the Homœopathic persuasion, for it is too much to hope that it will be read by those whose mental level admits of confounding narcosis with "natural sleep," and whose progress consists in moving from *Opium* to *Morphia*, and from *Morphia* to *Chloral hydrate*, and thence away to the therapeutic utopia of *Paraldehyde*, which is situated a very short distance the other side of Nowhere. Our author's little treatise is the very thing for intelligent laymen, and we feel it cannot fail to do good by helping to free the wakeful from the bondage of narcotics.—*Hom. World.*

Diagnistik der Ruckenmarks-Krankheiten von Dr. Schuster, Berlin.

Grundzüge der Physiologie, Pathologie and Therapie des Kindesalters, von Dr. Reitz, Berlin.

Electro-therapie für Mediziner, Rosenthal & Bernhardt, Berlin.

Popular Department.

HOMŒOPATHIC TREATMENT OF CHOLERA.

Dr. Hering gave the following advice, which has stood the test of abundant experience:

The surest preventive is *Sulphur*; put half a teaspoonful of *Milk of Sulphur* into each of your stockings and go about your business; never go out with an empty stomach, eat no fresh bread, nor sour food. This is not only a preventive in cholera, but also in many other epidemic diseases. *Not one of the many thousands who have followed this, my advice, have been attacked by cholera.*

At the beginning, when you have diarrhœa, *Sulphur* will relieve you, take it at once, and if it must be repeated, dissolve a few globules of it in a tumblerful of water and take a spoonful after every evacuation. If you awake after midnight with violent diarrhœa, vomiting, cramps in the calves of the legs, paleness and coldness, take *Sulphur* and keep quiet, the next day eat nothing but stale bread and you will soon be well.

This was confirmed in 1849 in more than five hundred cases which came to my knowledge. In a few cases other remedies were necessary, and that only when the patient had violated the rules; but none died who took *Sulphur* from the first.

For sudden attacks, and in general in the commencement, if the disease rapidly becomes much worse, *Camphor Tincture* is the best remedy. If the patient is attacked with cramps, nausea, excessive prostration, coldness and blueness of the surface, give him a drop of it every fifteen, ten or five minutes until he begins to perspire. This remedy was discovered and first made known to the world by Hahnemann; it has since become a popular remedy in all countries, and has saved the

lives of hundreds of thousands. Do not take too much of it, and not for every trifling diarrhoea.

For attacks of real cholera: *Camphor*, as stated above; or *Arsenicum*, when the purging and vomiting become very frequent; the evacuations from the bowels being thin, watery, and of a brownish or blackish color and putrid smell, or light colored and almost without smell, especially when accompanied by intense, burning pains or cramps in the stomach and bowels, with violent thirst, and great prostration of strength; also burning in the anus and rectum with tenesmus. It is also worthy of attention in the last stage of the disease.

Veratrum is, however, the remedy upon which the chief reliance is to be placed when cholera is fully developed; the discharges almost constant and presenting the characteristic rice-water appearance, with cramps in the calves of the legs, fingers, toes; and sometimes of the muscles of the abdomen and chest; the patient excessively restless and anxious; the extremities cold, etc.

Cuprum, after *Veratrum*, when that remedy has failed to relieve the cramps, which are very violent and extend to the whole body, or change to spasms or convulsions, with constriction of the chest and difficult respiration.

Carbo vegetabilis may frequently be of service in the last stage of the disease, when the patient is in a state of collapse, or asphyxia; the pulse almost gone; the surface cold and bluish; the breath cold; or when the evacuations and cramps have ceased, and congestion to the chest takes place. If reaction should ensue after the administration of *Carbo vegetabilis*, and the purging, vomiting, and cramps return, it will be necessary to have recourse again to *Veratrum*, or some other of the foregoing medicines.

During the treatment of cholera the patient should be kept in a warm room, and the heat of the body kept up as much as possible by frictions with the hand previously dipped in flour to prevent abrasion of the skin. Warm oatmeal and bran applied to the limbs or over the whole body in suitable bags is also good, everything hot is very painful to the patient and

of no use. To quench the violent thirst which generally accompanies the disease, small pieces of ice should be placed in the mouth from time to time; cold water, in small quantities, may also be allowed unless it be found to aggravate the disease.

If the patient gets better and wants to eat give him gruel and light food, often and only a little at a time. Eating as much as he wants may cost his life.

SANITARY AND HYGIENIC MEASURES.

The house should be well aired, especially the sleeping apartments, and should be kept dry and clean. All effluvia arising from decayed animal or vegetable substances ought to be got rid of; consequently, *cesspools and dust-holes should be cleaned out and water-closets and drains made perfect.* Ferri. sulph., cupri. sulph., carbolic acid, or other disinfectants, should be liberally used. Sulphate of zinc is preferable for the disinfection of linen.

All exposure to cold and wet should be avoided, *and on no account should any one sit in damp clothes, particularly in damp shoes and stockings.* Care should be taken to avoid chills or checking perspiration. Clothing must be sufficient to keep the body in a comfortable and even temperature.

Habits of personal cleanliness and regular exercise in the open air should be cultivated; also regularity in the periods of repose and refreshment; anxiety of mind, late hours, and fatigue of body and mind should be avoided.

The diet should be wholesome and adapted to each individual habit. *Every one should, however, be more than ordinarily careful to abstain from any article of food which may have disordered his digestion upon former occasion, no matter how nutritious and digestible to others, and to avoid all manner of excess in eating and drinking.*

CONSTIPATION.

Ninety-nine out of every hundred persons are sorely frightened, if they have not a stool regular every day, and should such a calamity last through several days, why, some-

thing has to be done, and that quickly, to make the bowels move. For a cold in the head or a pain in the foot a dose of castor oil is the first thing thought of; for the ailments of infancy as well as for the failings of older persons a cathartic is the great panacea; blue pills, Brandreth's pills and many others of the same ilk belong to the staple articles in every good household; and whatever ills human flesh is heir to, to move the bowels is the first indication, not only for every old nurse, but also for every regular physician in good standing. No wonder then, that we see so many people suffer from an unavoidable re-action; nature may be led, but she cannot be forced, and every steadily overworked organ must certainly fall in a kind of paralytic state, before it is able to regain the lost ground. This is the most frequent cause of constipation: the bowels, for every trifling ailment goaded on to over-action, tire out at last, their contractility diminishes: the accumulation of faecal masses has ceased to act as a stimulant on the tired-out walls of the intestines, which passively enlarge, and chronic constipation is the necessary consequence.

Such a state sometimes produces headache, anxiety, giddiness, sleeplessness, distressing diseases; others may suffer from hypochondria or melancholy; another class may become troubled with piles, and alas! their great regular has nothing for them but pills and Kissingen. Old Professor Dunglison was right, when he defined constipation to consist in the faeces being retained longer in the intestines *than is customary with the individual*; for there are many persons in robust health and in the perfect exercise of their functions, who do not have an evacuation oftener than once a week or even once a fortnight; and it would be therefore the greatest foolishness if not sinfulness, to make a well man sick.

Fashion is a tyrannical ruler, especially when accompanied by inveterate habit, and people will dose themselves with physic if no equivalent is offered them; converts to Homœopathy feel mighty sore in the beginning for these wants of cathartics, and sugar-coated Mandrake pills are frequently used sub rosa, to lighten on either side their conscience. Others consider *Nux-vomica* the greatest boon, which Hahne-

mann transmitted to his disciples; and the secret that it really helps so frequently to combat constipation, lies partly in its power to counteract the noxious influence of allopathic dosing: whereas in reality this remedy is not so much indicated for inactivity of the bowels, as where there is frequent and ineffectual desire to have stool, or where they pass small quantities of fæces at every attempt of defecation.

The sub-paralytic state of the muscular fibres, of which we have spoken before, is often far more readily relieved by the use of *Opium* and *Plumbum*. The former, so often and successfully used by the old school, to cut short any diarrhoea, is to us a jewel, to relieve the evil consequences done by crude doses. A high preparation of opium will charmingly remove the decided torpor from which the whole intestinal tract suffers; and stools in hard, black, round balls will come away before natural stools will make their appearance. *Plumbum*, especially the acetate of lead, so frequently homœopathic to pale, anæmic, chlorotic and feeble persons with weak backs and half paralized legs, is invaluable in the most obstinate cases: there is a kind of pulling and pressive chronic headache in the forehead, aggravated by mental labor and intolerable in company, which *Nux-vomica*, this balm of students does not reach, and which Lead removes with the costiveness, which caused it. Such persons suffer from frequent violent colicky pains (another diagnostic difference from *Opium* and *Nux-v.*) Everything seems to be drawn up, for their abdomen is sunk in and they suffer from constriction and drawing up of their anus; small hard balls will at first come away and then the bowels will continue to perform their functions regularly for months without further aid from medicine. In Lead-constipation the abdomen is drawn in; in *Lycopodium*—costiveness and flatulence bloat the abdomen up; in *Lycopodium* we find with obstinate constipation the stomach craving for food; still the patient is unable to eat, because of the feeling of dullness and distention of the stomach, commencing soon after eating and getting so aggravated as to compel him to stop eating; eructations of tasteless flat wind, attended by vertigo; or sinking weakness and hollow feeling in the stomach, but a mouthful of food

produces pain and distention; ineffectual urging to stool, which are small, with the sensation, as if much remained behind, sometimes with violent contractive pains in the perineum for many hours. *Graphites* has been recommended when skin-diseases are present. The black-lead seems to dry up all the secretions. We have here constipation with dryness of the mucus membrane of the rectum and fissures in the anus; stool passes with sharp cutting stiches, producing even bleeding as the fæces are hard and knotty. But whereas with *Graphites* all eruptions are moist, with corrosive fluid running from the inflamed surface of the skin, we find on the contrary in *Alumina* the skin tight as if the white of an egg had dried upon it; there is in *Alumina* ineffectual urging to stool, which is passed with great effort, whether hard or soft, the evacuation can only be effected by straining the abdominal muscles. Dr. Rummel and others have found this preparation of the pure clay doing excellent service in the constipation of infants, and if followed by a few doses of *Sulphur* the bowels were brought to a regular healthy action. We might cite many other remedies, to prove to the layman that Homœopathy is fully able to re-establish a healthy action of the bowels; but in most cases the remedies already mentioned will suffice.

S. L.

BURNS AND SCALDS.

Children frequently get burned or scalded. The parts should be covered at once with oil to exclude the air. Carron oil (oil and lime-water) is an old-fashioned application. A cloth dipped in water in which soda has been dissolved (a teaspoonful to a half cup of water) may be kept on the parts, frequently wetting it from the outside. A poultice of flax-seed is excellent, but should be kept wet from the outside, and changed as soon as the meal next the skin is dried up. Protection of the denuded nerves is the principal object desired. Cotton batting, flour, and articles that stick should be avoided, as they take off the new skin when removed. *Urtica urens* lotion or Cerate is excellent. *Calendula* if suppuration sets in. *Aconite* for the fever and fright should be given. *Belladonna* for great pain, distress, headache. If the flame was inhaled, *carbo veg.* Quiet and a generous diet aid rapid recovery. Deep burns will be apt to be followed by deformities. Consult a physician early.